



WASHINGTON COUNTY HEALTH DEPARTMENT

1302 Pennsylvania Avenue • Hagerstown, MD 21742

www.dhmf.maryland.gov/washhealth

APPLICATION FOR PERMIT TO OPERATE MOBILE HOME PARK

NAME OF MOBILE HOME PARK _____

OWNER or AGENT _____

PHONE NOS.: MOBILE HOME PARK _____ OWNER _____

MAILING ADDRESS _____

EXACT LOCATION OF PARK _____

NUMBER OF MOBILE HOME SPACES _____ SIZE OF PARK _____

Signature of Applicant (___ Owner ___ Agent)

Date of Application

Office Use Only

Receipt No. _____ Permit No. _____ Date Issued _____

Rev. 01/14/2016

ENVIRONMENTAL HEALTH
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